

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) <b>GTR206-0002</b>	
Application Number <b>10/534,956</b>		Filed <b>April 27, 2007</b>	
For <b>Packaging for Micro Electro-Mechanical Systems and Methods of Fabricating Thereof</b>			
Art Unit <b>2811</b>		Examiner <b>Yosef Gebreyesus</b>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$ 130.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<u>\$</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	<u>\$</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3696</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>60,871</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34    _____			
<u><i>Barbara J. Varone</i></u> Signature		<u><i>March 21, 2011</i></u> Date	
<u>Barbara J. Varone</u> Typed or printed name		<u>440-922-1426</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			